



Application Data Sheet

Application Information

Application Number::	10/524,443
Filing Date::	Utility
Application Type::	02/15/05
Subject Matter::	Utility
Suggested Classification::	435/5
Suggested Group Art Unit::	1648
CD-ROM or CD-R?::	None
Title::	Hepatitis C Viral-Like Particle Purification
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	22
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country:	US
Status::	Full Capacity
Given Name::	Saunier
Family Name::	Bertrand
City of Residence::	Bethesda
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	4835 Cordell Ave.; # 519
City of mailing address::	Bethesda
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20814
Applicant Authority type::	Inventor
Primary Citizenship Country:	US
Status::	Full Capacity
Given Name::	Miriam
Family Name::	Triyatni
City of Residence::	Bethesda
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	6013 Wilmett Rd.
City of mailing address::	Bethesda
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20817

Correspondence Information

Correspondence Customer 45142
Number:

Representative Information

Representative	Registration	Representative Name::
Designation::	Number::	
Primary	32680	Jeffrey I. Auerbach

Domestic Priority Information

Application::	Continuity	Parent	Parent
	Type:	Application::	Filing
			Date::
This Application	National	PCT/US2003/025674	08/18/03
	Stage of		
PCT/US2003/025674	An	60/404,183	08/16/02
	application		
	claiming the		
	benefit		
	under 35 USC		
	119(e)		

Assignee Information

Assignee Name::	The United States of America as Represented by the Secretary of Health and Human Services, NIH
Street of mailing address::	6011 Executive Blvd, Suite 325
City of mailing address::	Bethesda
State or Province of mailing address::	MD

Country of mailing address:: US
Postal or Zip Code of mailing address:: 20852
Assignee Name:: Ohio University
Street of mailing address:: 20 East Circle Dr., Suite 190
City of mailing address:: Athens
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 45701